



United States Patent and Trademark Office

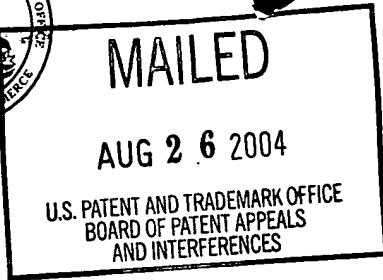
Under Secretary of Commerce for Intellectual Property and
Director of the United States Patent and Trademark Office

P.O. Box 1450

Alexandria, Virginia 22313-1450

www.uspto.gov

5165



Birch, Stewart, Kolasch & Birch
P.O. Box 747
Falls Church, VA 22040-0747

Appeal No:
Appellant:
Application No:
Hearing Room:
Hearing Docket:
Hearing Date:
Hearing Time:
Location:

Paper No: 37

2004-1377
Sano, Osamu
09/582,870
B
B
Thursday, November 18, 2004
1:00 PM
MADISON BUILDING (EAST WING)
600 Dulany Street
Alexandria, Virginia 22313-1450

NOTICE OF HEARING

CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 1.194(a).

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.

This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

Failure to file this form within this time period will be construed as a waiver of the request for oral hearing.

37 CFR § 1.136(a) does not apply.

By order of the Board of Patent Appeals and Interferences

BPAI HEARINGS FAX No:

(703) 308-6199
USPTO Central Fax No.
(703) 872-9306

BPAI Mailing Address:

BOARD OF PATENT APPEALS AND INTERFERENCES
UNITED PATENT AND TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

Clerk of the Board (703) 308-9797

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE:

- ☐ HEARING ATTENDANCE CONFIRMED
☐ HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany
counsel: